



STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF ENVIRONMENTAL SERVICES  
 WATER DIVISION  
 29 HAZEN DRIVE, PO BOX 95  
 CONCORD, NEW HAMPSHIRE 03302-0095  
 (603) 271-2858



## REGISTRATION AND NOTIFICATION FORM FOR FLOOR DRAINS AND DISCHARGES TO GROUNDWATER

### Facility Information

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Property Deed Reference Book: \_\_\_\_\_ Page: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Lot # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Facility Owner Information

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Property Owner Information (complete only if different from facility owner)

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Facility Operator's Information (complete only if different from facility owner)

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Person Information (complete only if different from facility owner)

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Application for Discharge of Non-Domestic Wastewater** - complete the following page if your wastewater does *not* contain regulated contaminants and (if a floor drain) you do *not* store or use regulated contaminants in the area served by the drain.

Please provide a complete description of the facility and type of waste or wastewater handled at the facility served by the floor drain or other non-domestic wastewater discharge (include Locus map (i.e. USGS map):

\_\_\_\_\_

Please describe the wastewater characteristics, including analytical results if available: \_\_\_\_\_

\_\_\_\_\_

Please describe the materials and products used at the facility which may be included in the wastewater (include material safety data sheets as required in 29 CFR Chapter 1910 Part 1200 for all products that may be constituents of the discharge): \_\_\_\_\_

\_\_\_\_\_

Please describe the disposal method (how the wastewater is discharged and where, including sketch of any infiltration structures, and/or dimensions of any injection well proposed to be used): \_\_\_\_\_

\_\_\_\_\_

Please provide the discharge rate (gallons per minute) or discharge volume (gallons per day), and a schedule for periodic discharges: \_\_\_\_\_

\_\_\_\_\_

**Floor Drain Registration** - Complete when you have a floor drain(s). I intend to (check one):

- Eliminate regulated contaminants from the wastewater or (if a floor drain) eliminate regulated contaminants from the area served by the floor drain.
- I will complete the *Discharge Well and Floor Drain Pre-Closure Notification Form* for closing the floor drain(s) (when drain is closed, send verification of closure with date and photos to DES).
- Connect the drain or discharge line to municipal sanitary sewer in accordance with the DES and local regulations by \_\_\_\_\_ (date).
- Connect drains to a registered holding tank which meets DES requirements (See DES fact sheet, Holding Tanks for Floor Drains, and file Holding Tank Registration form) by \_\_\_\_\_ (date)

**Vehicle Dust and Salt Rinsing** - Additional information if you are registering wastewater generated during dust and salt wash and rinse which infiltrates into the ground)

- a. Submit a plan of the site including structures, drainage, wetlands, location of rinsing activities, holding tank(s) etc.
- b. Submit a description of the activities including rinse and/or wash equipment, vehicle types, wash frequency, etc.
- c. Conduct all site activities using Best Management Practices (Env-Wq 421)
- d. Describe where the facility conducts steam cleaning, high power washing of undercarriages, engines, and other potential vehicle contaminants and the disposal method of this contaminated wastewater:

\_\_\_\_\_

**To the best of my knowledge, the information I have provided on this form is true and correct. I will notify DES if I do not act according to the intentions I have stated on this form.**

\_\_\_\_\_  
Signature of Facility Owner

\_\_\_\_\_  
Date Signed